## WV Ethics Commission

## West Vrginla Ethics Commission Lobbyist Activity Report Form 2020-03

Late reporting fine - \$10 per business day past the due dote (\$250 maximum)

West Virginle Ethics Commission
Atti: Lobbyist Registrar
210 srooke St., Ste. 300
Charleston, WV 25301

| 304-558-0664 | No fured coples |
| :---: | :---: |
| For effice ure only: |  |
| Protinent | noxd |
| Burule | now |


| 1. Name and contact Information |
| :--- |
| Name Lee McGrath |
| Business Address 520 Nicollett Mall |
| Suite 550 |
| City, State Zlp Minneapolis, MN 55402 |



| 3. Ust all employers/organizations that you represent as a lobbyist | Use additional reporting forms /f necessary. |
| :--- | :--- | :--- |
| $\left.\begin{array}{lll}\text { 1. Institute for Justice } & \text { 4. } & \text { 5. } \\ \text { 2. } & \text { b. }\end{array}\right]$ |  |
| 3. |  |

## 4. Lobbying activity summary - If there was no actlvity of expenditures, indicate "noms." <br> Sent communication regarding policing to Delegate Horst

| 5. Expendtures |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Ifo expendrures, induding compaien contrlbutions, mank herei $\ \checkmark$ |  |  |  |  |  |  |  |  |
| If you spent money on any public official, employee or member of his or her immediste family, list the amounts spent in each of the following categories per each employer you represent. Complete and attach Schedule A to this report. |  |  |  |  |  |  |  |  |
| Expenditure Categorles |  | Employer 1 | Employer 2 | Employer 3 | Employer 4 | Employer 5 | Employer 6 | Total Expended |
| A. | Meals and Beverages | \$ | \$ | 5 | \$ | 5 | 5 | \$ |
| B. | Lodeing | \$ | 5 | \$ | \$ | \$ | \$ | 5 |
| C. | Advertising | \$ | \$ | \$ | \$ | \$ | 5 | 5 |
| D. | Travel | \$ | 5 | \$ | 5 | \$ | \$ | 5 |
| E | Gifts | \$ | 5 | \$ | 5 | \$ | 5 | 5 |
| F. | Other Expenses | \$ | \$ | 5 | \$ | \$ | \$ | \$ |
| G. | Group Expendilures | 5 | \$ | \$ | \$ | \$ | \$ | \$ |
| H. | Cmpaign Contributions | LIST AMMOUNTIN TOTAL EXPENDED" COLUMN. |  |  |  |  |  | 5 |
| 1. | TOTAL of all expenditures | \$ | \$ | 5 | \$ | \$ | \$ | 5 |
| If you sponsored or contributed to any group event or shared expenses, list the total expended in category 56 immediately above. Complete and attach a Schedule 8 for each event. |  |  |  |  |  |  |  |  |

